



Rosemead School District
3907 Rosemead Blvd.
Rosemead, CA 91770

2023-2024

KINDERGARTEN ENROLLMENT

AVAILABLE ON OUR WEBSITE

<https://www.rosemead.k12.ca.us/>



Enrollment Begins

- ✓ Savannah School: (626) 443-4015 – Tuesday, February 21, 2023
- ✓ Encinita School: (626) 286-3150 – Wednesday, February 22, 2023
- ✓ Emma W. Shuey School: (626) 287-5221 – Thursday, February 23, 2023
- ✓ Mildred B. Janson School: (626) 288-3150 – Friday, February 24, 2023

We now have full day classes for our Transitional Kindergarten and Kindergarten programs. For assistance, please contact your school of residence or the Rosemead School District at (626) 312-2900.

Parents can pick up instructions and sign up online for their school of residence beginning February 21, 2023.

Ask about our Before and After School Care Program at all school locations.



Visit our Website:

<https://www.rosemead.k12.ca.us/>



Call us:

(626) 312-2900



Email us:

registration@rosemead.k12.ca.us

Inscripción de Kindergarten
La Inscripción Empieza en Febrero
Las inscripciones ya están en línea en nuestro sitio Web: <https://www.rosemead.k12.ca.us>
Ahora tenemos clases de día completo para nuestro
Kindergarten de Transición Y programas de Kindergarten.

Para asistencia, por favor póngase en contacto con su escuela de residencia o
al Distrito Escolar de Rosemead al (626) 312-2900.

Escuela Savannah - 21 de Feb. 2023, (626) 443-4015
Escuela Encinita - 22 de Feb. 2023, (626) 286-3155
Escuela Shuey - 23 de Feb. 2023, (626) 287-5221
Escuela Janson - 24 de Feb. 2023, (626) 288-3150

Los padres pueden recoger las instrucciones y registrarse en línea para su escuela de residencia
empezando 21 de de Feb. 2023.

*** Pregunte por nuestro programa de cuidado antes y después de la escuela ***
Ubicación de la Escuela(s): En todas las escuelas

幼稚園登記

現在可以開始上網註冊 : <https://www.rosemead.k12.ca.us>

開始登記的日期 :

Savannah School: (626) 443-4015 - 2023 年 2 月 21 日
Encinita School: (626) 286-3155 - 2023 年 2 月 22 日
Shuey School: (626) 287-5221 - 2023 年 2 月 23 日
Janson School: (626) 288-3150 - 2023 年 2 月 24 日

我們現在有全天課程的過渡期幼稚園和幼稚園。

如需協助請與您住所所屬的學校聯繫

或與柔絲蜜學區聯絡(626) 312-2900.

2023 年 2 月 21 日星期一開始, 家長們可以來拿說明資料並上網報名住所所屬的學校.

*** 洽詢有關幼稚園課前及課後托兒服務 ***

在所有的學校

Đăng Ký Nhập Học Lớp Vỡ Lòng

Nay đăng ký trực tuyến trên website của phòng: <https://www.rosemead.k12.ca.us>

Đăng ký bắt đầu từ:

Trường Savannah: (626) 443-4015 - 21 tháng Hai, 2023
Trường Encinita: (626) 286-3155 - 22 tháng Hai, 2023
Trường Shuey: (626) 287-5221 - 23 tháng Hai, 2023
Trường Janson: (626) 288-3150 - 24 tháng Hai, 2023

Hiện chúng tôi có các lớp học cả ngày cho các chương trình Chuyển Tiếp Lên Vỡ Lòng và Lớp Vỡ Lòng. Để
có chỉ dẫn thêm, xin vui lòng liên hệ với trường thường trú của quý vị hoặc Phòng Giáo Dục Rosemead
theo số (626) 312-2900.

Phụ huynh có thể đến lấy hướng dẫn và đăng ký trực tuyến bắt đầu từ thứ Hai, 21 tháng Hai, 2023.

Hãy hỏi về Chương Trình Trông Trẻ trước và Sau Giờ Học
Tại tất cả các trường.

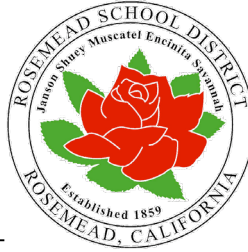
3907 Rosemead Blvd.

TRUSTEES

Rosemead, CA 91770

Phone: 626-312-2900

Fax: 626-312-2906



BOARD OF

Nancy Armenta

Diane Benitez

Ronald Esquivel

Veronica Peña

John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

February, 2023

Dear Parent(s)/Guardian:

In order to enroll your child in the Rosemead School District, you must first register online and then bring the following items to your school of residence:

- A. Proof of age (Birth Certificate or Passport)
- B. Proof of Residency (**Current** Gas, Landline Telephone, Electric, Trash, Cable or Water bill with one of the student's parent's name on it). If you do not have a bill in your name you will need to obtain address verification from your home school.
- C. Immunization Record with the following list of immunizations:
GRADE TK-8:
 - a) **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
 - ♦ 4 doses OK if one was given on or after 4th birthday
 - ♦ 3 doses OK if one was given on or after 7th birthday
 - ♦ For 7th-8th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday
 - b) **Polio (OPV or IPV) — 4 doses**
 - ♦ 3 doses OK if one was given on or after 4th birthday
 - c) **Hepatitis B — 3 doses**
 - ♦ Not required for 7th grade entry
 - d) **Measles, Mumps, and Rubella (MMR) — 2 doses**
 - ♦ Both given on or after 1st birthday
 - e) **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten:

GRADE 7:

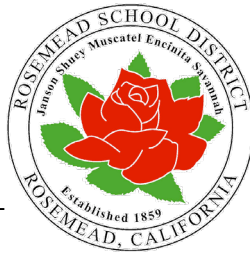
- a) **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
 - ♦ Whooping cough booster usually given at 11 years and up
- b) **Varicella (Chickenpox) — 2 doses**
 - ♦ Usually given at ages 12 months and 4-6 years

In addition, the TK/K-8 immunization requirements apply to 7th graders who:

- ♦ previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- ♦ are new admissions

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906



2023 年 2 月

親愛的父母/監護人：

為了貴子弟報名柔絲蜜學區，您必須先上網登記，然後攜帶下列文件到您住所的學校：

- A. 年齡證明(出生紙或護照)
- B. 地址證明 (目前的瓦斯, 電話帳單, 電費, 垃圾費, 有線電視或水費帳單, 房產稅或所得稅, 薪資單, 或社會安全文件必需有學生家長其中一位的名字) 假如您與他人同住, 名下沒有任何帳單, 您必需從您的學校取得地址的確認表格。請與學校聯繫得知更多的詳情。
- C. 下列的預防針:
- TK-8 級:**
- a) 白喉、破傷風和百日咳 (DTaP、DTP、Tdap 或 Td) — 5 劑
 - ◆ 如果在 4 歲生日當天或之後給予 4 劑, 則可以服用 4 劑
 - ◆ 如果在 7 歲生日當天或之後給予 3 劑, 則可以服用 3 劑
 - ◆ 對於 7-8 年級學生, 在 7 歲生日當天或之後至少需要 1 劑含百日咳的疫苗
 - b) 脊髓灰質炎 (口服脊髓灰質炎疫苗或滅活脊灰疫苗) ——4 劑
 - ◆ 如果在 4 歲生日當天或之後給予 3 劑, 則可以服用 3 劑
 - c) 乙型肝炎 — 3 劑
 - ◆ 7 年級入學不需要
 - d) 麻疹、腮腺炎和風疹 (MMR) — 2 劑
 - ◆ 均在 1 歲生日當天或之後贈送
 - e) 水痘 (水痘) —2 劑

這些免疫要求適用於所有年級的新入學和轉學, 包括過渡性幼稚園。

7 年級:

- a) 破傷風、白喉、百日咳 (Tdap) — 1 劑
 - ◆ 百日咳加強劑通常在 11 歲及以上給予
- b) 水痘 (水痘) — 2 劑
 - ◆ 通常在 12 個月和 4-6 歲時給藥

此外, TK/K-8 免疫要求適用於以下 7 年級學生:

- ◆ 以前在 2016 年之前在傳統知識/幼稚園和 6 年級之間入學時提交了有效的個人信仰豁免
- ◆ 是新入學

Fax Numbers:

TB screening tests are no longer required at FIRST TIME ENTRY to CA schools (TK/Kinder or any grade – effective 07/1/2012 per LA County Dept. of Public Health – TB Control.

FOR NEW TK/KINDERS (and some grade 1 students) all appropriate immunizations (as listed above) are needed PLUS:

1. Dental Health Evaluation Form needs to be completed DURING Kindergarten. NOT required to be done BEFORE Entry.
2. Physical Exam Form to be done after March 1st of the kindergarten school year or in grade 1, but we recommend that it be done in Kindergarten. If it has already been completed, please ask for a copy of the form.

FIRST TIME ENROLLING GRADE 1 student (never attended a public/private school in US) all appropriate immunizations are needed as a Kinder PLUS:

1. Physical exam required by First Grade Entry.
2. Dental Health Evaluation.

WAIVERS:

If a parent wishes to sign **waivers on ANY requirements** please ask that they speak to the district school nurse.

CONSULT WITH THE HEALTH SERVICES TEAM IF QUESTIONS

You may pick up the registration information at your school of residency and go online to enroll at our website: <http://www.rosemead.k12.ca.us> to register your child. You must enroll your child at your school of residency or your enrollment package will be invalid.

If you have any questions, please feel free to contact the Special Education & Student Support Services Office at (626) 312-2900 or email at registration@rosemead.k12.ca.us.

Sincerely,



Hoori Chalian
Coordinator of Special Education & Student Support Services

首次進入 CA 學校 (TK / Kinder 或任何年級-於 2012 年 7 月 1 日生效, 根據洛杉磯縣公共衛生部-結核控制), 不再需要進行結核病篩查測試。

對於新的 TK / KINDERS (和一些 GR 1 學生), 需要進行所有適當的免疫接種 (如上所述), 另外:

1. 幼兒園期間需要填寫《牙齒健康評估表》。不需要在進入之前完成。
2. 體檢表應在學年的 3 月 1 日或一年級後完成, 但我們建議在幼兒園進行。如果已經完成, 請索取表格副本。

初次入學等級 1 名學生 (從未上過美國的公立/私立學校) 作為 Kinder PLUS, 需要進行所有適當的免疫接種:

1. 一年級入學要求進行身體檢查。
2. 牙齒健康評估。

豁免:

如果父母希望簽署關於任何要求的豁免, 請要求他們與當地學校的護士交談。

如有疑問請諮詢健康服務團隊

您可以在您的居住學校領取註冊信息, 然後在線註冊我們的網站:

<http://www.rosemead.k12.ca.us> 以註冊您的孩子。您必須在您的居住學校註冊您的孩子, 否則您的註冊包將無效。

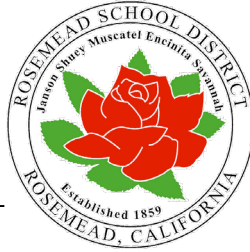
如有任何疑問, 請隨時通過 (626) 312-2900 與特殊教育和學生支持服務辦公室聯繫, 或發送電子郵件至 registration@rosemead.k12.ca.us。

真誠的,



Hoori Chalian
特殊教育與學生支持服務協調員

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



BOARD OF TRUSTEES

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John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

February, 2023

Dear Parent or Guardian:

Rosemead School District is pleased to announce that we will be planning to offer a Transitional Kindergarten Program class during the **2023-2024** School Year for students with birthdays between **September 2, 2018 and April 2, 2019**.

On September 30, 2010 the Kindergarten Readiness Act of 2010 was passed in California. The Kindergarten Readiness Act increases the minimum age for entering kindergarten from five years old by November 1st (starting in the 2012-13 school year) to five years old by September 1st (starting in the 2014-15 school year).

For the 2015-16 school year and thereafter, children born between **September 2nd and December 2nd** must attend a Transitional Kindergarten class. The purpose is to provide a curriculum appropriate for these “young fives”. The Transitional Kindergarten Program would be the first year of a two-year kindergarten for these students.

We look forward to sharing the details of the Transitional Kindergarten Program with you in the near future.

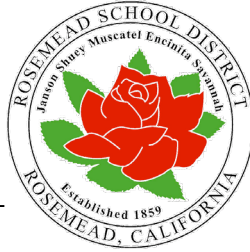
Sincerely,

Hoori Chalian
Coordinator of Special Education & Student Support Services

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906

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ALEJANDRO RUVALCABA, Superintendent

二月, 2023

親愛的幼稚園生的家長們:

柔絲蜜學區很高興在此宣布我們計劃在2022-2023學年度提供一個過渡期幼稚園課程給生日在2018年9月2日至2019年4月2日之間的小朋友。

2010年9月30日, 加州通過一項2010幼稚園就讀法案。幼稚園就讀法案增加就讀幼稚園的最低年齡, 從11月1日滿五歲 (自2012-13學年開始) 延至9月1日滿五歲 (自2014-15學年開始)

從2015-2016學年之後, 出生於9月2日至12月2日之間的兒童必須就讀過渡期幼稚園班。目的是提供給這些“小於五歲”的兒童們適當的課程。過渡期幼稚園課程將是這些學生們為期兩年幼稚園的第一年。

我們期待在最近的未來與您分享有關過渡期幼稚園課程的細節。

誠摯的,

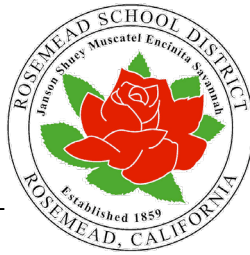
Hoori Chalian

特殊教育與學生支持服務協調員

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ALEJANDRO RUVALCABA, Superintendent

TRANSITIONAL KINDERGARTEN STUDENTS

Kindergarten Placement for the 2023-2024 School Year

Dear Parent/Guardian of students enrolled in the Transitional Kindergarten class for 2022-2023:

This letter is to inform you that your child will attend their home school for Kindergarten beginning in August of 2023. There is no need to re-enroll your student. All of the records from the Transitional Kindergarten class will be sent to the students homeschool after school has ended in June.

Your child's homeschool will mail information to you regarding meetings, schedules, and other important information for the 2023-2024 school year. You may call the school office if you have any questions.

If you wish to transfer to another school in our district other than your homeschool, you will need to contact Special Education & Student Support Services Office at (626) 312-2900 in order to be placed on a transfer list. **Parents may call to be put on the transfer list beginning **Monday, March 6, 2023**. The Special Education & Student Support Services Office will then determine if there is available space at your school of choice. We will let you know over the summer.

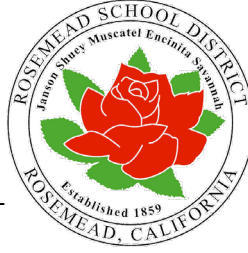
Sincerely,

Hoori Chalian
Coordinator of Special Education & Student Support Services

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ALEJANDRO RUVALCABA, Superintendent

过渡式幼儿园学生

2023-2024学年的幼儿园安置

亲爱的家长/监护人，2022-2023过渡式幼儿园班的学生：

这封信是为了通知您，您的孩子将从2023年8月开始就读于幼儿园的家中学校。无需重新注册学生。过渡式幼儿园课程的所有记录将在6月学校结业后发送给学生家庭学校。

您孩子的家庭学校将向您发送有关2023-2024学年会议，日程安排和其他重要信息的信息。如有任何疑问，可以致电学校办公室。

如果您想转到本地区以外的其他学校，则需要通过（626）312-2900转分机与特殊教育和学生支持服务办公室联系。 **家长可以要求将其放在转移清单的开头 **2023年3月6日，星期一**。然后，特殊教育和学生支持服务办公室将确定您选择的学校是否有可用空间。我们会在夏天通知您。

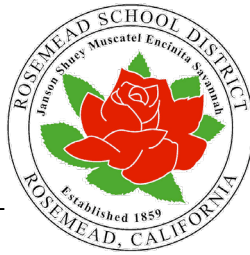
真诚的

Hoori Chalian
特殊教育與學生支持服務協調員

Fax Numbers:

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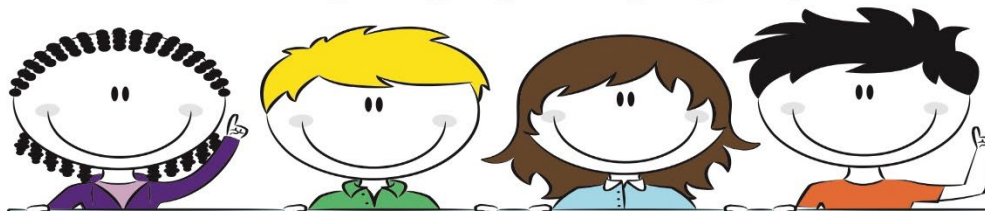
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ALEJANDRO RUVALCABA, Superintendent

No Shots? No Records? No School.



Children will not be enrolled unless an immunization record is presented and immunizations are up-to-date.*

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. **ShotsforSchool.org**

IMM-1167 (5-16)

Dear Parent(s)/Guardian:

In order to enroll your child in the Rosemead School District, you must have done the following items:

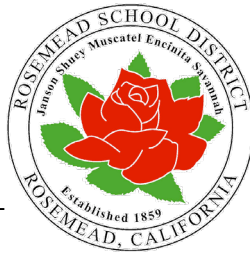
The **CALIFORNIA IMMUNIZATION REQUIREMENTS FOR K - 12th GRADE** (including transitional kindergarten) **are as follow:**

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION				
K-12 Admission	4 Polio	5 DTaP	3 HepB	2 MMR	2 Varicella
(7th-12th)	1 Tdap				
7th Grade Advancement	1 Tdap		2 Varicella		

- Polio - 4** doses at any age **but** 3 doses will be accepted if the last one was given after the child was 4 years of age.
- DTP - 5** doses **but** 4 doses will be accepted if the last was given after the child's 4th birthday.
- MMR - 2** doses given **after the child's first birthday.**
- Varicella - 2** doses or health care provider-documented
- Hepatitis B - A** series of 3 doses given at any age before school entry.

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IMM-1167 (5-16)

親愛的家長或監護人：

為了貴子弟報名柔絲蜜學區，您必須完成下列事項：

加州規定幼稚園至十二年級生必須的疫苗注射 (包括過渡期的幼稚園生) 如下：

年級	每次疫苗注射所需的劑量數
幼稚園至十二年級註冊 (七至十二年級)	4 Polio 5 DTaP 3 HepB 2 MMR 2 Varicella 1 Tdap
七年級進階	1 Tdap 2 Varicella

1. **Polio** - 4 劑在任何年齡，但如果最後一劑是在小孩四歲以後才注射那麼 3 劑亦可接受。
2. **DPT** - 5 劑，4 劑亦可接納，如果最後一劑是在小孩四歲生日後注射。
3. **MMR** - 在小孩 1 歲生日後已經注射過 2 劑
4. **Varicella** - 2 劑或醫生提供文件 - 有記錄
5. **Hepatitis B** - 入學之前的任何年齡已連續注射過 3 劑。

Fax Numbers:

PHYSICAL EXAM for Entry into GR 1:

The Physical Exam for GR 1 Entry; TK/Kinder students' NEED to be completed **AFTER: March 1, 2023.** **ANY EXAM BEFORE this date will NOT be accepted.** NO PRESCHOOL /Child Care Exam PRIOR to the above date will be accepted).

- **Part II** – Documentation of full exam including immunization updates
- **Part III** – Results and recommendations along with **Signatures and Dates** from Parent and Medical Doctor is required at the bottom right section of form.

ORAL HEALTH ASSESSMENT (applies to TK/K & New GR 1 students never in CA public school):

May be completed in the year prior to enrollment OR through the TK/Kinder school year (need for New to District GR 1 students NEVER in a CA Public School).

- **Parent completes SECTION I** (Child's name, Date of Birth, Address, School, GR, Gender and Parent signature
- **Dentists completes SECTION II** with Office Stamp, Signature and Date.

就讀一年級前的身體檢查：

就讀一年級的身體檢查; 過渡期幼兒園的學生需要在 **2023 年 3 月 1 日之後完成**。任何在此日期前的身體檢查概不接受。學前教育/托兒所在上述日期前的身體檢查概不接受。

- 第二部分 - 全面體檢的文件，包括最新的疫苗注射
- 第三部分 - 表格右下方體檢的結果和建議需要家長和醫生的簽名和日期。

口腔健康評估（適用於從未在加州公立學校就讀的 TK / K 和一年級新生）：

可以在註冊前的一年內完成，也可以在過渡期幼兒園的那個學年完成（必須是本學區一年級的新生，不會在加州的公立學校就讀）

- 家長完成 **第一部分**（學童姓名，出生日期，地址，學校，年級，性別和家長簽名
- 牙醫完成 **第二部分** 要有辦公室印章，簽名和日期。



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

父母的免疫指南 入學要求



Bắt đầu từ ngày 1 tháng 7 năm 2019

被TK / K-12錄取的學生：

- **Diphtheria, Tetanus, 和 Pertussis (DTaP, DTP, Tdap, 要么 Td) — 5 劑量**
(如果在4歲生日當天或之後服用4劑，如果在7歲生日當天或之後服用3劑，則可以。)
對於7-12年級的學生，在7歲生日或之後至少需要接種一劑含百日咳的疫苗。
- **Polio (OPV or IPV) — 4 劑量**
(如果在4歲生日或之後服用一劑，則可以服用3劑)
- **Hepatitis B — 3 劑量**
(7年級入學不需要)
- **Measles, Mumps, 和 Rubella (MMR) — 2 劑量**
(均在1歲生日當天或之後給出)
- **Varicella (Chickenpox) — 2 劑量**

這些免疫要求適用於所有年級的新入學和轉學，包括過渡幼兒園。

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 劑量**
(通常在11歲及以上使用呼呼咳嗽加強劑)
- **Varicella (Chickenpox) — 2 劑量**
(通常在12個月和4-6歲時給予)

此外，TK / K-12免疫要求適用於那些：

- 之前在TK / 幼兒園和6年級之間入學，並且在2016年之前提交了有效的個人信仰豁免
- 是新招生

記錄：

加州學校必須檢查所有從TK / 幼兒園到12年級的所有新入學學生以及所有進入7年級的所有學生的免疫記錄。父母必須出示孩子的免疫記錄作為免疫證明。



ORAL HEALTH NOTIFICATION LETTER

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.)
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health department at (fill in appropriate local contact information, available at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.

Fax Numbers:



口腔健康通知信

親愛的父母或監護人:

為確保您的孩子準備好上學, 加州法律, 教育法典第49452.8節, 現在要求你的孩子在5月31日幼稚園或一年級之前接受口腔健康評估 (牙科檢查), 以他或她在公立學校的第一年為準. 在孩子上學前12個月內發生的評估也符合這一要求. 法律規定, 評估必須由持牌牙醫或其他持牌或註冊牙科健康專業人員進行.

將隨附的口腔健康評估/豁免申請表提交牙科辦公室, 因為你的孩子的檢查需要該表格. 如果您無法帶孩子參加此要求的評估, 請在表格第3節中說明原因. 您可以在孩子的學校或在線獲得更多必要的表格副本, 網址為<http://www.cde.ca.gov/ls/he/hn/>. 加州法律要求學校維護學生健康信息的隱私. 您孩子的身份不會與因此要求而生成的任何報告關聯.

以下資源將說明您找到牙醫並完成此要求:

1. Medi-Cal/Denti-Cal 的免費電話號碼或網站可以說明您找到撥打 Denti-Cal 的牙醫: 1-800-322-6384; <http://www.denti-cal.ca.gov>. 如要說明孩子註冊 Medi-Cal/Denti-Cal, 請通過以下方式聯繫您當地的社會服務機構 (填寫適當的當地聯繫資訊, <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>).
2. 健康家庭免費電話或網站可以說明您找到參加健康家庭保險的牙醫, 或者瞭解您的孩子能否參加該計劃: 1-800-880-5305 或 <http://www.benefitscal.com>.
3. 如獲得可能有用的其他資源, 請通過以下方式聯繫您當地的公共衛生部門 (填寫適當的當地聯繫資訊, <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

請記住, 如果你的孩子的牙科健康情況不佳, 他或她不健康, 準備上學! 這裡有重要的建議, 以說明你的孩子保持健康:

- 每年帶孩子去看牙醫兩次.
- 為整個家庭選擇健康食品. 新鮮食品通常是最健康的食物.
- 用含有氟化物的牙膏每天至少刷牙兩次.
- 限制糖果和甜飲料, 如沖床或蘇打水. 甜飲料和糖果含有大量的糖, 這會導致蛀牙, 並取代你的孩子的飲食中的重要營養. 甜飲料和糖果也會導致體重問題, 這可能導致其他疾病, 如糖尿病. 糖果和甜飲料少, 越好!

Fax Numbers:

- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Special Education & Student Support Service (626) 312-2900.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Chalian', written in a cursive style.

Hoori Chalian
Coordinator, Special Education & Student Support Services

Attachment

嬰兒的牙齒是非常重要的。它們不只是牙齒會脫落。孩子們需要他們的牙齒來正確飲食, 說話, 微笑, 自我感覺良好。有蛀牙的孩子可能有吃困難, 停止微笑, 在學校注意和學習有問題。蛀牙是一種不能癒合的感染, 如果不治療, 可能會感到疼痛。如果不治療蛀牙, 兒童可能會生病到需要急診室治療, 他們的成年牙齒可能永久受損。

很多事情影響孩子的進步和在學校的成功, 包括健康。孩子必須健康學習, 有蛀牙的孩子不健康。蛀牙是可以預防的, 但它們對兒童的影響比任何其他慢性疾病都多。

如果您對新的口腔健康評估要求有疑問, 請聯繫特殊教育和學生支援服務 (626) 312-2900。

真誠,

A handwritten signature in black ink, appearing to read 'H. Chalian', written in a cursive style.

Hoori Chalian

特殊教育和學生支持服務協調員

附件

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Licensed Dental Professional Signature CA License Number Date </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
 - I cannot afford a dental check-up for my child.
 - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

口腔健康鑒定表

加利福尼亞州法律 (教育法典第 49452.8 節) 規定您的子女在公立學校就讀第一年的 5 月 31 日前必須做一次牙科檢查。該檢查必須由一位持加州執照的專業牙科人員在其行醫的範圍內進行並由其填寫本表格的第二部分。如果您的子女在開學前 12 個月內已經做過牙科檢查，請您的牙醫填寫第二部分。如果您無法給您的子女做牙科檢查，請填寫第三部分。

第一部分: 子女資訊 (由家長或監護人填寫)

子女名：	姓：	中間名縮寫：	子女出生日期：
地址：			公寓號碼：
城市：			郵遞區號：
學校名稱：	老師：	年級：	子女性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女
家長/監護人姓名：	子女種族/族裔： <input type="checkbox"/> 白人 <input type="checkbox"/> 黑人/非洲裔美國人 <input type="checkbox"/> 西班牙裔/拉丁裔 <input type="checkbox"/> 亞裔 <input type="checkbox"/> 土著美國人 <input type="checkbox"/> 多種族 <input type="checkbox"/> 其他 _____ <input type="checkbox"/> 夏威夷土著/太平洋島國後裔 <input type="checkbox"/> 未知		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

第二部分: 口腔健康資料收集 (由一位持加州執照的牙科專業人員填寫)

IMPORTANT NOTE: Consider each box separately. Mark each box.

重要： 分別閱讀每個欄目並對每個欄目進行勾選。

Assessment Date: 鑒定日期：	<u>Caries Experience</u> 齲齒史 (Visible decay and/or fillings present) (可見蛀牙和/或有補牙) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<u>Visible Decay Present:</u> 可見蛀牙存在： <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<u>Treatment Urgency:</u> 治療的緊急性： <input type="checkbox"/> No obvious problem found 未發現明顯問題 <input type="checkbox"/> Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) 建議早期牙齒護理 (齲齒無痛或發炎或孩童可以受益於齒溝封閉或進一步檢查) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) 需立即治療 (牙痛、發炎、紅腫或軟組織損傷)
<hr/> Licensed Dental Professional Signature 持有執照的牙科專業人員簽名			<hr/> CA License Number 加州執照號碼
			<hr/> Date 日期

第三部分：豁免口腔健康鑒定要求

由請求豁免此要求的家長或監護人填寫

請豁免本人子女的牙科檢查，因為：(請勾選描述得最準確的理由旁邊的空格)

- 我無法找到一家接受我子女牙科保險計劃的牙醫診所。

我子女的牙科保險計劃是：

- Medi-Cal/Denti-Cal Healthy Families Healthy Kids 其他 _____ 無

- 我無法承擔子女做牙科檢查的費用。

- 我不想要我子女接受牙科檢查。

可選填：我子女無法做牙科檢查的其他原因： _____

若請求豁免這項要求，在此簽字： ► _____

家長或監護人簽字

日期

法律規定學校必須為學生的健康資訊保密。由於該法律，您子女的姓名將不會出現在任何報告上。這些資訊僅可用於與您子女健康有關的用途。如果您有問題，請致電您的學校。

請將此表格在您子女就讀的首個學年裡最晚 5 月 31 日前交回學校。

原件將保存在孩子的學校檔案裡。

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAs): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.]

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

入學健康檢查報告

為了保護兒童的健康，加利福尼亞州法律要求入學時必須進行健康檢查。請讓健康檢查員填寫此報告，然後將其退回學校。學校將作為機密信息進行保存和維護。

部分 I 由父母或監護人填寫

孩子的名字-最後	Đầu tiên	Ở giữa	出生日期-月/日/年
地址-街道號	市	郵政編碼	學校

部分 II 由健康檢查人員填寫

健康檢查

注意：除血鉛測試外，所有測試和評估都必須在孩子4歲零3個月後進行。

所需測試/評估	日期 (mm/dd/yy)
健康史	/ /
體格檢查	/ /
牙科評估	/ /
營養評估	/ /
發展評估	/ /
視力篩查	/ /
聽力測驗（聽力）篩查	/ /
結核病風險評估和測試（如果有）	/ /
驗血（貧血）	/ /
尿檢	/ /
血鉛測試	/ /
其他	/ /

免疫記錄

考官注意：請給家人完整或更新的黃色加州免疫記錄。

學校注意事項：請在藍色的加利福尼亞學校免疫記錄（PM 286）中記錄免疫接種日期。

疫苗	給出了每個劑量的日期				
	第一	第二	第三	第四	第五
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
其他(e.g., TB Test, if indicated)					
其他					

部分 III 健康檢查員的其他信息 (可選的)

和

父母或監護人發布健康信息

結果與建議

如果患者或監護人已經簽署了發布健康信息的信息，請填寫。

考試表明學校課程活動沒有任何問題。

在檢查中或經過進一步評估後發現的對學校教育或體育鍛煉很重要的條件是：(請說明)

我允許健康檢查人員與學校共享有關健康檢查的其他信息，如第1部分所述III。

如果您不希望健康檢查員填寫零件，請選中此框III。

父母或監護人簽名

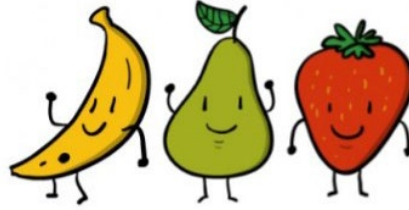
日期

健康檢查員的姓名，地址和電話號碼

日期

健康檢查員簽名

如果您的孩子無法獲得學校健康檢查，請致電當地衛生部門的“兒童健康與殘疾預防 (CHDP) 計劃”。如果您不希望孩子接受健康檢查，則可以簽署孩子學校上的豁免表格 (PM 171 B)。



Rosemead School District **NUTRITION SERVICES**

February 6, 2023

Dear Parent/Guardian,

Children need healthy meals to learn. The Rosemead School District proudly participates in the School Breakfast and National School Lunch Programs. Our school meals are healthy meals. We offer meals with a variety of fruit and vegetable choices, our entrée items contain whole grains and lean protein, and we also offer a choice of low-fat milk options.

Our healthy school meals are also great deal. We offer FREE breakfast and lunch for ALL students. To determine eligibility for free lunch meals, each household must complete one (1) meal application every school year. Eligibility is based on household income and size. Students are also eligible for free school meals due to household participation in certain assistance programs, including CalFresh, CalWORKS, FDPIR, KinGAP, and Medi-Cal.

Meal applications for the 2023-2024 school year will be mailed out to all registered students in July. Please DO NOT complete a paper or online meal application until you receive the 2023-2024 school year meal application packet.

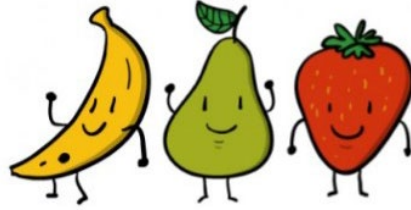
If you do not receive your meal application packet in the mail by August 1, 2023, please call the Nutrition Services office at (626) 312-2900 Ext. 254.

Please visit our website at <https://rosemeadcafe.com> to view menus and find additional information about the school meal program.

We look forward to providing your child with the healthy meals they need to learn!

Sincerely,

John Rivera
Director, Nutrition Services & Wellness
(626) 312-2900, ext. 254



Rosemead School District **NUTRITION SERVICES**

2023 年 2 月 6 日

親愛的家長/監護人，

孩子們需要健康的膳食來學習。羅斯米德學區自豪地參與了學校早餐和全國學校午餐計劃。我們的學校膳食是健康膳食。我們提供包含多種水果和蔬菜的膳食，我們的主菜包含全穀物和瘦肉蛋白，我們還提供多種低脂牛奶選擇。

我們健康的學校膳食也很重要。我們為所有學生提供免費早餐和午餐。要確定獲得免費午餐的資格，每個家庭必須在每學年完成一 (1) 份膳食申請。資格取決於家庭收入和規模。由於家庭參與了某些援助計劃，包括 CalFresh、CalWORKS、FDPIR、KinGAP 和 Medi-Cal，學生也有資格獲得免費校餐。

2023-2024 學年的膳食申請將於 7 月郵寄給所有註冊學生。在您收到 2023-2024 學年膳食申請包之前，請不要填寫紙質或在線膳食申請。

如果您在 2023 年 8 月 1 日之前沒有收到郵寄的膳食申請包，請致電營養服務辦公室，電話是 (626) 312-2900 Ext. 254.

請訪問我們的網站 <https://rosemeadcafe.com> 查看菜單並查找有關學校供餐計劃的其他信息。

我們期待為您的孩子提供他們學習所需的健康膳食！

真摯地，

John Rivera
導演, 營養服務與健康
(626) 312-2900, ext. 254

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number	
4. Name of Child or Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child or Participant's Physical or Mental Impairment Affected:			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
10. Indicate Food Texture for Above Child or Participant:			
<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed </div>			
11. Foods to be Omitted and Appropriate Substitutions:			
Foods To Be Omitted		Suggested Substitutions	
12. Adaptive Equipment to be Used:			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date

*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

要求的醫療聲明 特殊膳食和/或住宿

1. 學校或機構	2. 網站名稱	3. 網站電話號碼	
4. 兒童或參與者的姓名		5. 年齡或出生日期	
6. 父母或監護人的姓名		7. 電話號碼	
8. 受影響的兒童或參與者的身體或精神障礙的描述:			
9. 飲食處方和/或調節的解釋, 以確保正確實施:			
10. 為上述兒童或參與者指示食物質地:			
<input type="checkbox"/> 定期 <input type="checkbox"/> 切碎 <input type="checkbox"/> 地 <input type="checkbox"/> 泥狀			
11. 要省略的食物和適當的替代:			
要省略的食物		建議的替換	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
12. 要使用的自適應設備:			
13. 國家許可醫療保健專業人員的簽名*	14. 列印名稱	15. 電話號碼	16. 日期

*為此, 加利福尼亞州的州許可醫療保健專業人員是有執照的醫生, 醫生助理或執業護士。

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: 202-690-7442; or
(3) email: program.intake@usda.gov
This institution is an equal opportunity provider.

INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

此表格上的資訊應更新，以反映參與者當前的醫療和/或營養需求。

根據聯邦民權法同美國農業部（USDA）嘅民權法規和政策，美國農業部，其機構，辦公室和員工以及參與或打理美國農業部計劃嘅機構不得基於種族，膚色，國籍，性別，殘疾，年齡或對美國農業部開展或資助嘅任何計劃或活動中先前嘅民權活動嘅報復或報復進行報復或報復。

需要其他通信方式（如盲文、大字、錄音帶、美國手語等）獲取計劃信息的殘疾人應聯繫申請福利的機構（州或地方）。耳聾，聽力障礙或有言語障礙嘅個人可以透過聯邦中繼服務（800）877-8339與USDA聯繫。此外，程序信息可能以英文以外嘅語言提供。

要提交歧視計劃投訴，請填寫 <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> 同任何美國農業部辦公室在線搵到嘅美國農業部計劃歧視投訴表（AD-3027），或寫一封致美國農業部嘅信，並喺信中提供表格中要求嘅所有信息。要索取投訴表格嘅副本，請致電（866）632-9992。透過以下方式向美國農業部提交你填寫完整嘅表格或信函：

- (1) 郵件：美國農業部
民權事務助理國務卿辦公室
1400獨立大道，SW
華盛頓，C. 20250-9410;
 - (2) 傳真：202-690-7442; 或
 - (3) 電子郵件：program.intake@usda.gov
- 該機構係一個機會均等嘅提供者。

指示

1. **學校或機構**：列印向家長提供表格的學校或機構的名稱。
2. **地點**：列印將提供餐點的地點的名稱。
3. **網站電話號碼**：列印將提供餐點的網站的電話號碼。
4. **兒童或參與者的姓名**：列印與資訊相關的兒童或參與者的姓名。
5. **兒童或參與者的年齡**：列印兒童或參與者的年齡。對於嬰兒，請使用出生日期。
6. **父母或監護人的姓名**：列印要求孩子或參與者的醫療聲明的人的姓名。
7. **電話號碼**：列印父母或監護人的電話號碼。
8. **受影響的兒童或參與者的身體或精神障礙的描述**：描述身體或精神障礙如何限制兒童或參與者的飲食。
9. **飲食處方和/或調節的解釋，以確保正確實施**：描述由州醫療保健專業人員規定的特定飲食或調節。
10. **指示紋理**：如果孩子或參與者不需要任何修改，請選中“常規”。
11. **要省略的食物**：列出必須省略的特定食物（例如，排除液態奶）。
建議的替代：列出要包含在飲食中的特定食物（例如，鈣強化果汁）。
12. **國家許可醫療保健專業人員的簽名**：請求特殊膳食或住宿的州許可醫療保健專業人員的簽名。
13. **國家許可醫療保健專業人員的簽名**：請求特殊膳食或住宿的州許可醫療保健專業人員的簽名。
14. **列印名稱**：國家許可的醫療保健專業人員的列印名稱。
15. **電話號碼**：國家許可的醫療保健專業人員的電話號碼。
16. **日期**：州許可醫療保健專業人員簽署表格的日期。

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

“Has a record of such an impairment” means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.

引用來自1973年《康復法》第504條、1990年《美國殘疾人法》（ADA）和2008年《美國殘疾人法修正案》。

殘疾人被定義為具有身體或精神障礙的任何人，這種損害大大限制了一項或多項主要的生活活動，有這種損害的記錄，或被視為具有這種損害。

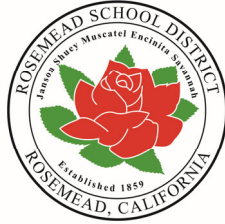
身體或精神障礙是指（a）影響以下一個或多個身體系統的任何生理障礙或狀況，美容毀容或解剖學損失：神經系統；肌肉骨骼；特殊感覺器官；呼吸；言語；器官；心血管；生殖，消化，泌尿生殖；血和淋巴；皮膚；和內分泌；或（b）任何精神或心理障礙，如智力遲鈍，器質性腦綜合征，情緒或精神疾病以及特定的學習障礙。

主要的生活活動包括但不限於照顧自己，執行體力勞動，看，聽，吃，睡，走路，站立，舉起，彎曲，說話，呼吸，學習，閱讀，集中注意力，思考，交流和工作。

主要的身體功能已被添加到主要的生活活動中，包括免疫系統的功能；正常細胞生長；和消化，腸道，膀胱，神經，腦，呼吸，迴圈，內分泌和生殖功能。

"有這種損害的記錄"是指一個人有或已被分類（或錯誤分類）為具有精神或身體損害史，嚴重限制了一項或多項主要的生活活動。

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



BOARD OF TRUSTEES
Nancy Armenta
Diane Benitez
Ronald Esquivel
Veronica Peña
John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

February, 2023

LETTER TO HOUSEHOLDS
Household Income Data Collection Form

Dear Parent or Guardian:

We are pleased to inform you that Rosemead School District will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP). Free meals will be available to all Rosemead School District students for the 2023-2024 school year regardless of the student's meal eligibility or household income status.

What does this mean for Rosemead School District?

Although all children 18 years and younger are receiving free meals this school year, we are asking families to complete the enclosed Household Income Data Collection form because the information provided helps to ensure the Rosemead School District receives all available State funding to support our educational programs and services, now and into the future. If this form is not completed and returned to the Rosemead School District by September 30, 2023, the District will be at risk for funding reductions that may impact these vital programs and services.

Additionally, USDA is committed to providing nutrition assistance to hard-hit families across the country due to the coronavirus pandemic. P-EBT benefits for eligible school children and children in child care may be available during school year 2023-2024 where schools or covered child care facilities remain closed or operating at reduced attendance or hours during the COVID-19 public health emergency declaration. Children who would have received free or reduced-price meals under the National School Lunch Act if their schools were not closed or operating with reduced hours or attendance for at least 5 consecutive days are eligible to receive P-EBT benefits. To ensure eligible students receive these benefits, please complete the Household Income Data Collection form attached and return it to the school site or district office.

We ask that you please take a moment to complete the form and submit to your home school as soon as possible, so that we may continue to receive this critical funding and can continue to provide high quality educational programs and services to all students.

If we can be of any further assistance, please contact the Nutrition Services office at **(626) 312-2900**.

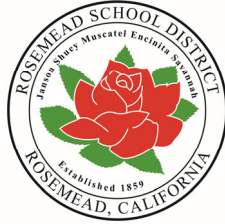
Sincerely,

Alejandro Ruvalcaba
Superintendent

Fax Numbers:

Human Resources: 626-312-2906 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Fiscal Services & Superintendent's Office: 626-312-2906

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



BOARD OF TRUSTEES
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Ronald Esquivel
Veronica Peña
John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

二月, 2023

寄給家庭的信
家庭收入數據收集表

親愛的父母或監護人：

我們很高興地通知您，羅斯米德學區將向參加國家學校午餐和學校早餐計劃的學校實施一項新選擇，稱為社區資格規定（CEP）。2023-2024 學年，所有羅斯米德學區學生都將獲得免費膳食，無論學生的膳食資格或家庭收入狀況如何。

這對羅斯密學區意味著什麼？

儘管本學年所有 18 歲及 18 歲以下的孩子都可以免費用餐，但我們仍要求家庭填寫隨附的《家庭收入數據收集表》，因為所提供的信息有助於確保現在和將來羅斯米德學區獲得所有可用的州資金來支持我們的教育計劃和服務。如果表格未填寫完畢並在 2023 年 9 月 30 日之前交回羅斯米德學區，學區將面臨削減資金的風險，這可能會影響這些至關重要的計劃和服務。

此外，由于冠狀病毒大流行，美國農業部致力於為全國受災家庭提供營養援助。在 2023-2024 學年期間，可能會為符合條件的在校孩子和接受託兒服務的孩子提供 P-EBT 福利，在 COVID-19 公共衛生緊急聲明期間，學校或有蓋的托兒設施仍然關閉或出勤率或工作時間減少。如果孩子們的學校沒有關閉或連續至少 5 天沒有上課時間或出勤時間減少，他們將根據《國家學校午餐法》獲得免費或減價餐，則有資格獲得 P-EBT 福利。為確保符合條件的學生獲得這些福利，請填寫所附的《家庭收入數據收集表》，然後交給學校或學區辦公室。

我們要求您花點時間填寫表格並儘快提交給您的家庭學校，以便我們可以繼續獲得這筆關鍵資金，並繼續為所有學生提供高品質的教育計劃和服務。

如果我們能提供任何進一步的說明，請致電（626）312-2900 與營養服務辦公室聯繫。

真誠的，

Alejandro Ruvalcaba
學校負責人

Fax Numbers:

Human Resources: 626-312-2906 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Fiscal Services & Superintendent's Office: 626-312-2906

Household Income Data Collection – Rosemead School District 2023-2024

PART I: Fill in the following information for a student living in your household

LAST NAME

FIRST NAME

BIRTHDATE (MM / DD / YY)

SCHOOL (Write "NONE" if not in school)

GRADE

CLASSROOM

SCHOOL CODE

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____

2. Total Annual Household Income: \$

PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member
completing this form

Printed name of adult household member
completing this form

Date

HOME PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

家庭收入数据采集 – 样表 4 Rosemead School District 2023-2024

第 1 部分：请填写有关家中学生的如下信息

姓	名	出生日期 (月/日/年)	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
学校 (如不在校, 填写“无”)	年级	班级	学校代码
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

第 2 部分：请填写有关家庭成员数量和家庭收入的如下信息

关于家庭成员数量以及家庭年收入的计算, 如需帮助, 请阅读本表背面的说明。

1. 选择家中成人与儿童的总人数:

圈出其中一
项:

1

2

3

4

5

6

7

8

9

10

其他_____

2. 家庭年总收入: \$

第 3 部分：父母或监护人信息与签字

兹证明 (承诺) 本表所填信息均为真实信息且已涵盖所有家庭收入。本人了解学校可能根据本人所提供的信息获取州立基金或联邦基金, 且本表内容可能会受到审查。

填写本表的已成年家庭成员签名

填写本表的已成年家庭成员正楷姓名

日期

住宅电话号码:

移动手机号码:

电子邮箱:

本表中所提交的信息属保密性学历档案资料, 因此受与学历档案相关的所有联邦隐私法以及加州隐私法的保护, 包括但不限于《家庭教育权和隐私权法案》(FERPA, 1974) 修订版[20 U.S.C. § 1232g; 34 CFR Part 99]; 《加州教育法典》第 6.5 章第 27 部分第 4 节第 2 条[开始于第 49060 款等等]; 《加州信息法》(《加利福尼亚州民法典》第 1798 款等等) 以及《加州宪法》第 1 条第 1 款。

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Total Household Income”? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

“家庭成员数量”中应包含哪些人？

其中必须包括您自己以及在您的家庭中生活且共同享有您家庭收入与支出的所有人员（例如孩子、（外）祖父母、其他亲属、朋友），无论是否存在血缘关系。在您家庭中生活且经济独立的其他人员（例如不与您的子女共同享有家庭收入且按比例支付费用的人员）不应包含在内。

“家庭总收入”中应包含哪些项？家庭总收入包含以下各项收入：

- **工作总收入：**即您的总收入，而非实得工资。总收入是指在扣除税款和其他款项前的工资数额。工资条上列有此项信息，如果您无法确定，您的上级主管可以为您提供该信息。仅私营业务、农场或租赁收入允许填写净收入。
- **福利、子女抚养费与赡养费：**您的家庭中每个人通过上述渠道获得的金额，包括通过领取 CalWORKs 福利金获得的任何收入。
- **养老金、退休金、社会保障、补充保障收入（SSI）、退伍军人福利（VA 福利）以及伤残福利：**包括您的家庭中每个人通过上述渠道获得的收入。
- **所有其他收入：**包括工人的赔偿金、失业救济金、罢工津贴、来自非家庭成员的定期资助，以及所获得的任何其他收入。家庭通过食物券（CalFresh）、妇幼特别营养补充计划（WIC）、联邦教育福利以及抚养补贴所获得的收入不含在内。
- **军人住房津贴和风险工资：**包括出外住房津贴。军人私有化住房计划或风险工资不含在内。
- **加班费：**如果经常获得加班费，应将加班费计算在内。

按每月、每半月、每两周、每周获得的收入如何计算到家庭收入里面？

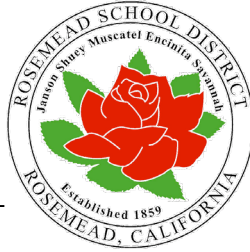
- 根据上文的分类，确定家庭收入的各个来源。家庭获得收入的周期有所不同的，必须按照如下方式换算成年收入：
 - 如果按每月计算，乘以 12 得出总数
 - 如果按每半月计算，乘以 24 得出总数
 - 如果按每两周（每两个星期）计算，乘以 26 得出总数
 - 如果按每周计算，乘以 52 得出总数
- 将各项收入换算为年收入，然后相加得出家庭年总收入，填入第 2 部分第 2 项的相应位置。

如果您的收入发生了变化，包括正常获得的工资/薪水，例如，通常您每个月的收入为 1,000 美元，但是上个月由于耽误了一些工作而只收入了 900 美元，则忽略不计，仍按每月收入 1,000 美元计算。如果经常获得加班费，应将加班费计算在家庭收入内。如果您已经失业，或者工时或工资降低，请填写 0 或降低后的当前收入。

有关家庭成员数量和家庭总收入的其他信息，请查阅在美国农业部指导与资源网页上发布的学校供餐资格手册

<http://www.fns.usda.gov/cnd/guidance/default.htm>。

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



BOARD OF TRUSTEES

Nancy Armenta
Diane Benitez
Ronald Esquivel
Veronica Peña
John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

February, 2023

Dear Parents/Guardians of Rosemead School District Students:

The Rosemead School District has a mandatory uniform policy. All students are required to wear school uniforms. Uniform guidelines are intended to protect the health, safety, and security on our school campuses and for the welfare of all students.

These guidelines will be adhered to with regard to school uniforms:

- Navy Blue or White plain collared shirts (shirts without collars are not allowed).
- Navy Blue or Tan/Khaki pants (Dockers/Corduroy)
- Navy Blue or Tan/Khaki shorts, skirts, skorts or jumpers
- Safe school shoes must be worn at all times in order for students to fully participate in all school activities. Shoes with wheels/skates are not allowed at school.

All parents/guardians will receive a complete copy of the Rosemead School District School Uniform Policy in their student's first day packet. This information is provided in advance in order to assist you with planning for uniform needs for the next school year.

If you have further questions, please contact your school principal.

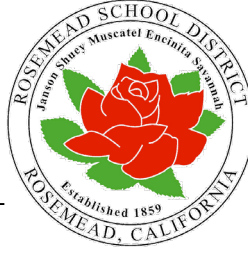
Sincerely,

Hoori Chalian
Coordinator of Special Education & Student Support Services

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



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ALEJANDRO RUVALCABA, Superintendent

2023年2月

親愛的柔絲蜜學區的家長/監護人：

柔絲蜜學區有硬性規定的制服政策。所有的學生都必須穿學校制服。穿制服的管理方針是為了維護整個校園的健康、安全、有保障為所有學生的福利著想。

這些指導方針將遵循學校的制服規定：

- 深藍色或沒有花紋、白色有領的襯衫，（沒有領子的襯衫是不允許的）
- 深藍色的長褲(卡其布/燈芯絨)
- 深藍色襯衫，短褲，裙褲或吊帶褲
- 在校期間必需穿上安全的鞋子以便學生得以參加所有學校的活動。有輪子的鞋子/冰鞋是不准穿來學校的。

所有的家長或監護人在學生的第一天資料袋裏都會收到一份完整的柔絲蜜學區制服規定。事先提供這份資料是為了幫助您準備下一個學年所需的制服。

如有更進一步的問題，請與學校校長聯絡。

誠摯的，

Hoori Chalian
特殊教育與學生支持服務協調員

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906

Navy Blue or White plain collared shirts (shirts without collars are not allowed)



Navy Blue or Tan/Khaki pants (Dockers/Corduroy)



Navy Blue or Tan/Khaki shorts, skirts, skorts or jumpers



深藍色或沒有花紋、白色有領的襯衫, (沒有領子的襯衫是不允許的)



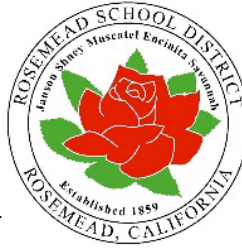
深藍色的長褲(卡其布/燈芯絨)



深藍色襯衫, 短褲, 裙褲或吊帶褲



3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



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John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

INTRA-DISTRICT & INTER-DISTRICT PERMIT

INTRA-District Permit: School to School transfers

In order to determine if space is available, Intradistrict Permit students will need to enroll at their school of residence (home school) until class sizes are determined. You must provide specific reasons why you are requesting for a transfer. Should you have any questions, please feel free to contact Special Education & Student Support Services at (626) 312-2900 or email registration@rosemead.k12.ca.us.

Please complete the intradistrict permit request process listed below:

- Step 1: Apply only at <https://www.rosemead.k12.ca.us/Page/488>.
- Step 2: Parents **may only request one school**.
- Step 3: Once the intradistrict permit is approved your will receive an email from Student Support Services and will give instructions regarding the next steps.

INTER-District Permit: District to District transfers

In order to determine if space is available, Interdistrict Permit students may not be permitted to enroll until it's been determined that you have been approved for the permit. You are advised to enroll in your school of residence while awaiting a final response to your request for interdistrict attendance. Formal agreements between Rosemead School District and other districts allow for the transfer of one or more students between districts. An Interdistrict Attendance Permit may be approved into or out of the district for specific reasons only. Information regarding the specific reasons may be obtained from Special Education & Student Support Services at (626) 312-2900.

Policy:

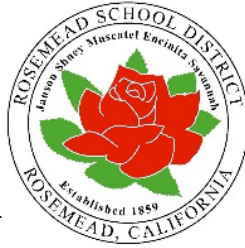
- Permits do not carry transportation privileges.
- Parents are expected to ensure student is on time and in school for the full school day every day.

Please complete the interdistrict permit request process listed below:

- Step 1: Apply only at <https://www.rosemead.k12.ca.us/Page/488>.
- Step 2: Parents **may only request one school** in one school district.
- Step 3: Once the interdistrict permit is approved by your district of residence it will be mailed to the Rosemead School District, Special Education & Student Support Services office. You may also request an approved copy from your district of residence to bring directly to Rosemead School District, Special Education & Student Support Services office, which will help expedite your child's enrollment.
- Step 4: Upon receiving your interdistrict permit release, Rosemead School District, will contact you regarding the next steps.

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906



區內和區際許可證

區內許可證：學校到學校的轉學

為了確定是否有空位，區內許可學生需要在其居住學校（家庭學校）註冊，直到確定班級規模。您必須提供申請轉移的具體原因。如果您有任何疑問，請隨時致電（626）312-2900聯繫特殊教育和學生支援服務，或發送電子郵件至 registration@rosemead.k12.ca.us。

請完成下面列出的區內許可證申請流程：

- 第1步：僅在 <https://www.rosemead.k12.ca.us/Page/488> 申請。
- 第2步：父母**只能要求一所學校**。
- 步驟3：一旦區內許可證獲得批准，您將收到學生支援服務的電子郵件，並將提供有關後續步驟的說明。

區際許可證：區間轉移

為了確定是否有空位，在確定您已獲得許可之前，可能不允許跨區許可學生註冊。建議您在居住學校註冊，同時等待對您的跨區出勤請求的最終回復。羅斯米德學區與其他地區之間的正式協定允許在學區之間轉移一名或多名學生。區際出勤許可證只能出於特定原因被批准進入或離開該地區。有關具體原因的資訊可以從特殊教育和學生支援服務處獲得，電話：（626）312-2900或 registration@rosemead.k12.ca.us。

政策：

- 許可證不具有運輸特權。
- 家長應確保學生每天準時上學。

請完成下面列出的跨區許可證申請流程：

- 第1步：僅在 <https://www.rosemead.k12.ca.us/Page/488> 申請。
- 第2步：父母**只能要求一個學區內的一所學校**。
- 步驟3：一旦您的居住區批准了跨區許可證，它將被郵寄到Rosemead學區，特殊教育和學生支援服務辦公室。您也可以從您的居住區索取一份經批准的副本，直接帶到羅斯米德學區，特殊教育和學生支援服務辦公室，這將有助於加快您孩子的入學速度。
- 步驟4：收到您的跨區許可證后，羅斯米德學區將就後續步驟與您聯繫。

Fax Numbers:

Once an INTRA-district or INTER-district Permit has been approved:

Students Must:

1. Maintain satisfactory school attendance/report to school/class on-time every day.
2. Make continuous progress toward grade level standards (elementary) and/or maintain a minimum 2.0 GPA with no D or F grades (secondary).
3. Seek help from teachers and counselors and attend tutoring when having academic difficulties or in danger of receiving a grade of *D* or *F* (Secondary).
4. Comply with all classroom and school rules and policies.
5. Demonstrate appropriate citizenship and behavior in the classroom and on campus - no Report Card with multiple "1s" for Skills for Success on Achievement Report (elementary) or multiple "Unsatisfactory" citizenship grades (secondary).
6. Comply with all conditions of the RSD Discipline Policy (parent/guardian signature on file).

Parent Must:

1. Provide adequate transportation so the student can maintain satisfactory school attendance/report to class on time and is picked up from school on time.
2. Ensure that student attends school.
3. Call the Attendance Office before 9:30 a.m. on the day of the absence to inform the school of the reason for the absence--or provide a note explaining the reason for the absence on the day of the return.
4. Excuse student only for valid reasons. Requests for absence other than for illness or emergencies are strongly discouraged. Parents should plan family vacations during regular school vacation times.
5. Provide a time and place for quiet study time for completion of homework and study assignments.
6. Provide school officials with accurate and true information.
7. Cooperate with school and district officials and maintain a positive working relationship.
8. Attend parent conferences when requested.
9. Insist your student complies with the school dress code.

INTER-district or INTRA-district Permit may be cancelled, revoked, or denied renewal for the following reasons:

1. Issued in error
2. Falsified information or documentation
3. Any change to the permit criteria
4. Truancy
5. Infractions of school rules and regulations
6. Failure to make satisfactory academic progress
7. The student is dropped off or picked up is beyond regular school hours including before and after school programs.

一旦區內或區際許可證獲得批准:

學生必須:

1. 每天按時上學/按時上學/上課。
2. 不斷向年級標準（初級）邁進和/或保持最低2.0 GPA，沒有D或F級（中學）。
3. 尋求老師和輔導員的說明，在遇到學業困難或有獲得D或F（中學）等級的危險時參加輔導。
4. 遵守所有課堂和學校規則和政策。
5. 在課堂和校園中表現出適當的公民身份和行為 - 沒有成績單，成績單上有多個"1"的成績單，成績單（初級）或多個"不滿意"的公民等級（中學）。
6. 遵守RSD紀律政策的所有條件（父母/監護人簽名存檔）。

父母必須:

1. 提供足夠的交通，以便學生能夠保持滿意的上學時間/按時報到課堂，並按時從學校接機。
2. 確保學生上學。
3. 在缺勤當天上午9:30.m之前致電考勤處，告知學校缺勤原因 - 或在返回當天提供說明缺勤原因的說明。
4. 僅出於正當理由原諒學生。強烈建議不要提出除疾病或緊急情況以外的缺勤請求。父母應該在正常的學校假期時間計劃家庭假期。
5. 為完成家庭作業和學習作業提供安靜的學習時間和地點。
6. 為學校官員提供準確、真實的資訊。
7. 與學校和學區官員合作，保持積極的工作關係。
8. 應要求參加家長會。
9. 堅持要求學生遵守學校的著裝要求。

區際或區內許可證可能會因以下原因被取消，撤銷或拒絕續簽:

1. 錯誤發出
2. 偽造資訊或檔
3. 許可標準的任何變更
4. 曠課
5. 違反學校規章制度的行為
6. 學業成績不盡如人意
7. 學生的下車或接機時間超出了正常上課時間，包括課前和課後課程。

Preschool Registration 2023-2024



When: Begins April 21, 2023
Time: 8:00 am- 12:00pm
Location: 3907 Rosemead Blvd. Suite 150, Rosemead, CA 91770

Rosemead School District offers both full and part day programs for fully potty-trained 4 and 3 year-old children (Child must turn 3 by Sept. 1, 2023).

Please bring the following documents to determine if your family is eligible for the State Preschool Program:

- Child's birth certificate
- Proof of income for the family (pay stubs for the previous month before application date)
- Immunization record (**yellow card**)
- Address verification
- Forms CD 9600 (this form is available in English, Spanish, Chinese, and Vietnamese on the Rosemead School District Web site <http://www.rosemead.k12.ca.us> and in the Child Development Office.

Completing the CD9600 application **does not** guarantee enrollment in the State Preschool Program. You will be notified within 30 days of completing the CD9600 of your eligibility status. For more information, contact Child Development at 626-312-2900, ext. 235.

學前班註冊 2023-2024

何時: 2023 年 4 月 21 日
時間: 8:00 am- 12:00pm
地點: 3907 Rosemead Blvd. Suite 150, Rosemead, CA 91770

*柔絲蜜學區提供全日和 半日課程給 4 歲和 3 歲可以自行上廁所的兒童
(兒童必須在 2023 年 9 月 1 日滿三歲)。*

請攜帶下列文件以確定您的家庭是否符合州立學前教育的資格：

- 兒童的出生證明
- 家庭收入證明 (申請日期前一個月的工資單)
- 疫苗注射記錄 (**黃卡**)
- 地址證明
- CD 9600 表格 (在柔絲蜜學區的網頁有此表格的英文, 西班牙語, 中文, 和越南文版本)

<http://www.rosemead.k12.ca.us> 以及在兒童啟發部辦公室可以取得。

完成 CD9600 申請表並不保證可以登記在州立學前班的課程。在完成 CD9600 表格的 30 天內將會通知您是否符合資格。如需更多信息, 請致電 626-312-2900, 分機號與兒童發展部聯繫。235。



Rosemead School District Child Care Programs



Before School

Elementary Schools offers before school care beginning at 7a.m. with a monthly fee.

Late Start - There are 18 Late Start Days. Late start is provided at no cost to families, but students must be enrolled to attend.

After School

ASES – The ASES Program is at Encinita, Janson, Muscatel, Savannah, and Shuey Schools. It is a no cost program, but the children must stay until 6:00 PM every day. It begins at the end of the school day and lasts until 6:00 PM. Students receive homework help, learning enrichment activities, structured physical activities and a healthy light supper. There are 80 spots at each of the elementary schools. The spots are filled by a lottery. The lottery dates are:

- Emma W. Shuey Elementary – May 16, 2023
- Muscatel Middle School – May 17, 2023
- Mildred B. Janson Elementary – May 23, 2023
- Encinita Elementary – May 24, 2023
- Savannah Elementary – May 25, 2023

All lotteries begin at 6:00 PM.

ASART – The ASART Program is a paid program. It is at Encinita, Janson, Savannah and Shuey Schools. It starts at the end of the school day and ends at 6:00 PM. Children can be picked up at any time. Students receive homework help, learning enrichment activities, structured physical activities and a healthy light supper. Enrollment starts July 1, 2023, at the district office. Enrollment applications can be found on the district web site.

Summer Camp - Summer Camp begins June 12, 2023. It is for children entering TK or kindergarten to 7th grade. Camp activities include: coding, robotics, S.T.E.A.M. forensic science, music, swimming or water play, reader theater, sports, Spanish, arts and crafts, and many more exciting enrichment projects. Registration for summer camp begins on April 3, 2023, at the district office. Applications will be available on the district web site, the district office room 150, or with the afterschool program leads at each school site.





羅斯米德學區 兒童保育計劃



上學前

小學從早上 7 點開始提供學前託管服務。每月收費。

延遲開始 - 有 18 個延遲開始日。家庭免費提供延遲開始，但學生必須註冊才能參加。

放學後

ASES – ASES 專案在恩西尼塔、詹森、馬斯喀特爾、薩凡納和舒伊學校。這是一個無成本的計劃，但孩子們必須停留到每天下午 6:00 點。它從學校一天結束時開始，一直持續到下午 6:00 點。學生接受家庭作業幫助，學習豐富活動，有條理的體育活動和健康清淡的晚餐。每所小學有 80 個點。這些點被彩票填滿了。開獎日期是：

- Emma W. Shuey Elementary 學校 - 2023 年 5 月 16 日
- Muscatel Middle School 中間 - 2023 年 5 月 17 日
- Mildred B. Janson Elementary 學校 - 2023 年 5 月 23 日
- Encinita Elementary 學校 - 2023 年 5 月 24 日
- Savannah Elementary 學校 - 2023 年 5 月 25 日

所有彩票從下午 6:00 開始。

ASART – ASART 計劃是付費計劃。它在恩西尼塔，詹森，薩凡納和舒伊學校。它從學校一天結束時開始，到下午 6:00 點結束。兒童可隨時接走。學生接受家庭作業幫助，學習豐富活動，有條理的體育活動和健康清淡的晚餐。報名開始於 2023 年 7 月 1 日在區辦事處進行。註冊申請可以在地區網站上找到。

夏令營 - 夏令營於 2023 年 6 月 12 日開始。適合進入 TK 或幼稚園到 7 年級嘅兒童。夏令營活動包括：編碼、機械人、S.T.E.A.M 法醫科學、音樂、游水或水戲、讀者劇場、體育、西班牙語、藝術和手工藝，以及更多更令人興奮的豐富項目。夏令營嘅報名由 2023 年 4 月 3 日開始，地區辦事處或學校現場進行緊。申請將嘍地區網站、地區辦公室 150 或課後計劃線索嘅每個學校網站上提供。



Health Centers (Public/Private/Free) **for Physical Exams & Immunizations & Other Needs for School**

*** Call ahead to all providers for further details regarding services. Clinic hours and eligibility are subject to change ***

Community Health Alliance of Pasadena – Lincoln

2055 Lincoln Ave., Pasadena, CA 91103 (626) 398-6300. **Appointment needed please contact the center.** Site Hours: Monday through Friday, 8:00am to 5:00pm; Saturday, 9:00am to 1:00pm. Website: www.chapcare.org Services: Immunizations, Physical exams and Dental Care.

East Valley Community Health Center / various locations in LA county

4368 Santa Anita Ave., El Monte, CA 91731 (855) 535-5545 Website: <https://www.evchc.org/> **Appointment preferred, but walk-ins accepted.** Open Mon, Wed, Fri 9:00am-5pm and Tues, Thurs 1:00pm-7:00pm. The clinic helps you with enrollment with different programs to qualify for free or low-cost vaccines (*no inquiries on immigration status. No insurance necessary.)

Monrovia Public Health Center (a Los Angeles County Public Health Center)

330 Maple Ave., Monrovia, CA 91016 (626) 256-1600
A public health center primarily used for the services of free immunizations and TB test. Call for hours of service. Parent must bring child's vaccine record. Vaccines offered by appointment only, on Tuesdays only from 8am-10:30am and 12:30-3:30 pm please call to schedule appointment.

Tzu Chi Buddhist Clinic

1000 S. Garfield Ave., Alhambra, CA 91801 (626) 281-3383
This is a free clinic (adult and child), dental clinic, and Vaccinations. Eligibility is income based, Offers CHDP exams and free immunizations for children. Tuesdays only from 1:15pm-5pm appointment needed. Languages spoken: English, Spanish, Cantonese, Mandarin and Vietnamese.

AltaMed Health Services

10454 Valley Blvd. #B, El Monte, CA 91731 (626) 453-8466
Sliding Scale based income, qualifying applicants can apply for CHDP a state-run program to help children obtain free or low-cost Physicals and Immunizations the clinic assists in determining eligibility. Also takes most insurance plans. Appointments needed.

Chinatown Service Center (CSC) Health Center

320 S. Garfield Ave. #118, Alhambra, CA 91801 (213) 808-1700
This center offers Free and low-cost Health programs for low-income individuals with no insurance. Monday- Friday from 8:30am- 5:00pm. Appointments needed Languages spoken: English, Spanish, Chinese, Vietnamese. The Clinic offers health exams (adult and Pediatric) Vaccinations, TB test, dental care and Behavioral health.

健康中心（公共/私人/免費） 用於學校的體檢和免疫接種以及其他需求

*** 請提前致電所有供應商以獲取有關服務的更多詳細資訊。診所時間和資格可能會發生變化。 ***

Community Health Alliance of Pasadena - Lincoln

2055 Lincoln Ave., Pasadena, CA 91103 - 電話: 626-398-6300. 需要預約請聯繫中心。現場時間: 週一至週五, 上午 8: 00 至下午 5: 00; 週六, 上午 9: 00 至下午 1: 00。網站: www.chapcare.org 服務: 免疫, 體檢和牙科護理。

East Valley Community Health Center / 洛杉磯縣的不同地點

4368 Santa Anita Ave., El Monte, CA 91731 電話(855) 535-5545 網站: <https://www.evchc.org/> 首選預約, 但接受步入式。上班時間為週一、週三、週五上午 9: 00 至下午 5 點, 週二、週四下午 1: 00 至晚上 7: 00。該診所說明您註冊不同的計劃, 以獲得免費或低成本疫苗的資格 (*無需查詢移民身份。無需保險。

Monrovia Public Health Center (洛杉磯縣公共衛生中心)

330 Maple Ave., Monrovia, CA 91016 電話(626) 256-1600
一個公共衛生中心, 主要用於免費免疫接種和結核病檢測服務。致電詢問服務時間。父母必須攜帶孩子的疫苗接種記錄。疫苗僅通過預約提供, 僅在週二上午 8 點至上午 10: 30 和下午 12: 30-3: 30 請致電安排預約。

Tzu Chi Buddhist Clinic

1000 S. Garfield Ave., Alhambra, CA 91801 電話(626) 281-3383
這是一個免費的診所 (成人和兒童), 牙科診所和疫苗接種。資格以收入為基礎, 為兒童提供CHDP考試和免費免疫接種。週二僅限下午 1: 15 至下午 5 點預約。使用語言: 英語, 西班牙文, 廣東話, 普通話和越南文。

AltaMed Health Services

10454 Valley Blvd. #B, El Monte, CA 91731 電話(626) 453-8466
基於浮動比例的收入, 符合條件的申請人可以申請CHDP一項國營計劃, 以說明兒童獲得免費或低成本的體檢和免疫接種, 診所協助確定資格。也接受大多數保險計劃。需要預約。

Chinatown Service Center (CSC) Health Center

320 S. Garfield Ave. #118, Alhambra, CA 91801 電話(213) 808-1700
該中心為沒有保險的低收入個人提供免費和低成本的健康計劃。週一至週五上午 8: 30 至下午 5: 00。需要預約 使用語言: 英語, 西班牙文, 中文, 越南語。該診所提供健康檢查 (成人和兒科) 疫苗接種, 結核病測試, 牙科護理和行為健康。

Herald Christian Health Center

923 S. San Gabriel Blvd., San Gabriel, CA 91776 (626) 286-8700

The Clinic is mandated to serve the community (all ethnicities, faiths) The clinic will assist in determining eligibility for CHDP program for free/low-cost exams and vaccines.

Appointments preferred, but not required walk-in's accepted.

Herald Christian Health Center

923 S. San Gabriel Blvd., San Gabriel, CA 91776 (626) 286-8700

該診所的任務是為社區（所有種族，信仰）服務，該診所將協助確定免費/低成本檢查和疫苗的CHDP計劃的資格。首選預約，但不需要步入式接受。

**Rosemead School District
Special Education & Student Support Services
3907 N. Rosemead Blvd.
Rosemead, CA 91770
(626) 312-2900**

Parent / guardian,

If you speak Spanish, Vietnamese, Chinese and need someone to assist your child to enroll in school, or if you have any other questions, please contact the following person.

家長/監護人,

假如您說廣東話 並且需要有人協助 貴子弟 登記入學, 或有任何其他的問題, 請與下面人士聯繫.

Oliver Law (626) 288-3150 分機 457

家長/監護人,

假如您說國語 並且需要有人協助 貴子弟 登記入學, 或有任何其他的問題, 請與下面人士聯繫.

**Jessica Chen (626) 312-2900 分機 223
Richard Wong (626) 312-2900 分機 227**

Kính gửi quý vị Phụ Huynh/Giám Hộ,

Nếu quý vị nói tiếng Việt và cần giúp đỡ trong việc nộp đơn nhập học cho con vào trường hoặc quý vị có bất cứ câu hỏi nào, xin liên lạc với.

Kelly Bui (626) 312-2900 ext. 220

